

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM  
EMPLOYEES FED PAC

ADDRESS (number and street)

ATTENTION: MARY ANN ROUSE

(Check if address  
is changed)

1000 BLYTHE BOULEVARD

CHARLOTTE

NC

28203

2861

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MaryAnn.Rouse@CarolinasHealthCare.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7043559682

2. DATE

M M  
06/ D D  
02/ Y Y Y Y  
2006

3. FEC IDENTIFICATION NUMBER

C C00423871

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Mary Ann Rouse

Signature of Treasurer

Electronically Filed by Mary Ann Rouse

Date

M M  
06/ D D  
02/ Y Y Y Y  
2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

Charlotte-Mecklenburg Hospital Authority D/B/A Carolinas HealthCare System

Mailing Address

Attention: Mary Ann Rouse

PO Box 32861

Charlotte

NC

28232

2861

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected Org.

Type of Connected Organization:

- ☐ Corporation ☒ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mary Ann Rouse**

Mailing Address **PO Box 32861**

**Charlotte** **NC** **28232** - **2861**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **704** - **355** - **6306**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mary Ann Rouse**

Mailing Address **PO Box 32861**

**Charlotte** **NC** **28232** - **2861**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **704** - **355** - **6306**

Full Name of Designated Agent **Martha Ann Brawley McConnell**

Mailing Address **PO Box 32861**

**Charlotte** **NC** **28232** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Assistant Treasurer** Telephone number **704** - **355** - **6304**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address

401 S. Tryon Street

Charlotte

NC

28288

CITY ▲

STATE ▲

ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Carolinas HealthCare System Employees NC PAC

Mailing Address

Attention: Mary Ann Rouse

PO Box 32861

Charlotte

NC

28232

2861

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated State PAC

Type of Connected Organization:

☐

Corporation

☒

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

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\_\_\_\_\_

Title or Position ▼

CITY A

STATE▲

ZIP CODE ▲

Telephone number

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